

Zero by Seven 0/7!

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Andhra-Pradesh state in India has an estimated HIV ANC prevalence of 1.4% (ie an estimated *0.5 million people*). Even though many campaigns taken up increased the awareness about HIV/AIDS, the prevalence was not decreasing. The high level of awareness had not resulted in any behavioural change. Hence a new **“Be-Bold”** Campaign was launched in Andhra Pradesh on 1stDecember,2006. It aimed **to translate awareness into action/behavioral-change; reduce stigma associated with HIV/AIDS; improve health service uptake by the infected people and mainstream fight against HIV/AIDS by making it a people’s movement**. It had general as well as targeted messages.

*General messages in the campaign exhorted people to talk about AIDS, get tested etc and targeted messages exhorted families to accept HIV+ve members, doctors to treat HIV+ve patients, teachers to teach infected/affected children; youth to say no to negative peer pressures. **Be-Bold was the message; HIV tests the medium***. this turned out to a very successful campaign and achieved the objectives very effectively.

As a part of this very successful Be Bold campaign, the 0/7 initiative was started. The aim of the 0/7 initiative was ***to strengthen the existing systems and establish new set ups, where-ever necessary, to reduce, ideally to zero, the vertical transmission of HIV from mother to child in the state of Andhra-Pradesh by the end of 2007***. this was a bold dream. The strategy was to (i) identify all HIV +ve pregnant mothers, (ii) give them and their immediate family necessary counseling and psychological support, (iii) follow up with the identified HIV+ women for ante natal care (iv) institutional delivery, (v) ensure administration of nevirapine to mother before delivery and nevirapine syrup to child after delivery and (vi) follow up the mother and child for 18 months. It was easier said than done.

Issues:

In Andhra Pradesh state 16 lakh pregnancies were estimated to occur every year. With an ANC prevalence of 1.5 %, nearly 24,000 HIV+ve pregnant women are to be identified, as per statistics. But very few HI+ve pregnant mothers were identified (in 2004 only 4300 were identified). Many of those identified were lost to poor follow up or went underground because of the stigma associated with HIV/AIDS. Very few institutional deliveries of HIV+ve women took place, as most doctors were unwilling to conduct deliveries of HIV+ve women. This enhanced the Stigma. Obviously there was virtually no follow up of the babies born. Very low awareness that the vertical transmission could be largely reduced by medical intervention compounded the problem.

Plan of Action:

The first task was to create **awareness about the PPTCT program**. The four P strategy for MTCTP was given publicity. The first P was the prevention of infection, the second P was the prevention of unwanted pregnancies by interventions like sterilization or use of

condoms etc, the third P was Prevention of unwanted deliveries by Medical Termination of Pregnancies, if the woman tested positive already had children. The fourth P was the Prevention of vertical transmission from mother to child by medical interventions about which there was virtually no awareness at all.

The campaign 0/7 created awareness that vertical transmission is to a large extent preventable. This gave a ray of hope to the HIV+ couples who longed to have children. 88000 Asha Mitra volunteers were trained to spread the message among the people. 4 people- one male youth and 3 women, preferably the village health volunteer or a member of the successful DoWCRA Self Help Group Women were identified from each of the 1100 mandals (Mandal is equivalent to a smaller taluq, the administrative unit of administration above a village) for training. 152 State level resource persons were given training at the APARD (AP Academy for Rural Development, Hyderabad from Dec 1 to 11, 2006. These people in-turn trained the District level resource persons and they in-turn trained the mandal and village level volunteers. This massive training program got completed by March 2007.

The access to tests was improved by increasing the testing centers. The HIV testing centers in the state was increased from 110 in August 2006 to 677 in December, 2006. To establish these new centers, counselors and lab technicians were recruited, given training for 3 weeks and deployed. In the meantime, the centers were equipped with necessary infrastructure like refrigerators, test kits etc.

The 0/7 initiative was taken up as a part of the highly successful BeBold campaign, which aimed at reducing stigma and increasing health seeking behavior among positive people. As a part of the campaign access to testing increased and hence more and more women were tested for HIV at the ANC clinics.

Awareness on the 0/7 initiative was built up through training programs. 88000 Asha Mitras were trained @ 4 per mandal to spread the message. Teams of out reach workers were formed in all 80 subdivisions in the state. They were from the network of HIV+ people and were trained to follow up with identified +ve pregnant mothers, to counsel the families of the identified +ve pregnant women, link the woman to identified "Bold doctor" in the district who was trained on conducting HIV+ deliveries. Delivery Kits for safe deliver and nevirapine were provided to them to ensure safety of doctors. Massive training programs were organized for doctors in the teaching, District, Area and Community level hospitals and sensitization program done for nearly 2000 doctors and 20000 para medical staff in the state run Primary Health Centers. Meetings were organised with private practitioners and gynaecologists association to involve them. Bold doctors clubs were formed in all districts. Counseling on baby care and breast feeding were given to mothers after delivery. To reduce stigma well baby shows and seemantham programs organized to honor mothers and healthy children. Training on DNR PCR screening done process initiated to get the babies tested. To follow up the mothers- line listing with the expected date of delivery was made. To get the data correct, many data purification drives with checks and cross checks designed. To instill confidence among already delivered mothers, Child-ART was started. MTPs encouraged, sterilization advocated. Nutrition program encouraged. Balashayoga started. Paediatric trainings to identify infected children started. Orphanages started. Many child focus activities started.

Results:

Testing increased nearly 6 lakh pregnant mothers were tested for HIV out of which 6000 pregnant mothers were identified. They were followed up and as on Dec, 4000 live births have been recorded. 4000 MBs have been given nevirapine. This is more than the corresponding figures of 5000,4999, 3388 last year. More positive mothers identified. Institution deliveries and MB pair increased considerably.

Plan

Awareness generation- asha mitras

Testing

Training of doctors

Bold doctors' clubs- involvement of FOGSI, APNA etc

Out reach workers- their recruitment capacity building, institutional deliveries

Publicity, SHG women

Seemantham, well baby shows.

Our network follows. There is no instant delivery.

Tying up with ambulances, its our baby, its for the baby to break stigma.

Kits earmarked.

Monitoring proformas

Line listing, kits given to all ORWs, our network follows

Registers

Cleaning up of data

Balasaahayoga

CART

Training on DNA PCR

Results